

DEPARTMENT OF HEALTH

ANTHONY J. BILLITTIER IV, M.D., FACEP COMMISSIONER OF HEALTH

Instructions for an Application for a Permit to Construct or Alter a Sewage Disposal or Treatment System.

A fee of \$150.00 is required with your completed application. Make check payable to: **Erie County Commissioner of Finance.**

Please remember:

Do not send cash through the mail.

Health Department Personnel are under strict orders not to accept cash payments from anyone, for any purpose.

Make check or money order payable to Erie County Commissioner of Finance.

Send completed, signed application and payment to:

Erie County Health Department 95 Franklin Street - Room 906 Buffalo, New York 14202

Please see percolation test instructions on previous page side. Should you have any questions, please call the appropriate telephone number on the Environmental Health home page.

ERIE COUNTY DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER A SEWAGE TREATMENT SYSTEM

FOR NEW BUILDS, WE REQUIRE A COPY OF THE LAND SURVEY OF THE BUILDING LOT FOR WHICH THIS APPLICATION IS BEING SUBMITTED. THE SURVEY MUST CONTAIN: EXISTING BUILDING LOCATIONS WITH APPROXIMATE DIMENSIONS, FLOOD PLAINS, EASEMENTS, SETBACKS, WETLANDS, STREAMS, WATER WELLS, ROADS, AND ANY UNUSUAL TOPOGRAPHICAL FEATURES.

WETLANDS, STREAMS, WATER TOPOGRAPHICAL FEATURES.	,	,	
STREET ADDRESS OF BUILDING LOT	TOWN	ZIP	
New Construction (New H Violation (Correcting a doc Correction (Replacing exist	cumented violation)		
Name of Owner		Phone	
Address of Owner	Town	Zip	
Type of Building Ro	esidential Co	ommercial	
Number of Bedrooms	omsSize of Lot		
Commissioner of Finance		or this requested permit.	
PLEASE COM	PLETE AND RETURN	TO:	
95 Frank	nty Health Department klin Street - Room 906 lo, New York 14202		
I agree to construct and loc meet the standards, rules and regu	• • • • • • • • • • • • • • • • • • • •	•	
Signature of Owner	 r	Date	